NOVA SCOTIA

Office of Health Promotion

2005-2006 Business Plan

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1. Message from the Minister and Chief Executive Officer

The Office of Health Promotion has been charged with improving the health of Nova Scotians. This is an enormous endeavor that we cannot do alone and that will not happen quickly. But we are up for the challenge.

The state of our health is poor – we can no longer afford not to invest in it. Too many Nova Scotians today are suffering from poor health. Too many people are ill for much of their lives or die too young from illnesses and injuries that are preventable.

We know that Nova Scotia has some of the poorest health statistics in the country, and that inactivity and obesity are putting our children at risk for a host of health problems now and in the future. It's hard to believe that despite everything we know about staying healthy, we may be raising a generation of children that is less healthy than our own.

Increased resources and capacity for the Office of Health Promotion mean that our children will have a chance at a healthy future and all Nova Scotians can have a better quality of life.

The past year has brought new opportunities and challenges. We've come a long way, hiring core staff, consulting with stakeholders, and reviewing our work to identify gaps and priorities. We have developed strategies to guide our work, and have started to implement them. These strategies provide the foundation to a healthier province.

Our stakeholders have told me that they share our goals – better health for ourselves, our children, our communities and our province. There is a real desire to work together to make this happen.

The people and communities of Nova Scotia are making a genuine effort to be healthier, and they support our initiatives. We are developing a policy framework for schools to ensure healthy food choices. We have provided support to those who want to quit smoking. We've put resources in place for our children to be more active, and we've supported youth in making healthy choices with the healthy sexuality resource. We're supporting the work of communities to reduce falls among seniors and are working with partners internal and external to government, to reduce all injuries.

We know that changing our overall health status will take years – a full generation, perhaps. That's why we need to start with children and their families, to give parents the tools and supportive environments they need to help their children be healthier.

Our current health challenge affects us all. Let's work together to make Nova Scotia a safer and healthier place to live, work and play.

Rodney MacDonald

Honourable Rodney MacDonald
Minister of Health Promotion

Cheryl A. Doiron

Cheryl Doiron
Chief Executive Officer

2. Vision, Mission and Guiding Principles

"Health Promotion is the process of enabling people to increase control over, and to improve, their health. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being."[1] Health promotion supports the achievement of full health potential. This includes a secure foundation in a supportive environment, access to information and life skills and opportunities for making healthy choices. People cannot achieve their health potential unless they have control of those things which determine their health.

The Office of Health Promotion's (OHP) vision, mission, guiding principles and strategies help to promote a new way of living and a new way of thinking about health.

2.1 Vision and Mission of the Office of Health Promotion

Our Vision . . .

Nova Scotians working together to make our province a safe and healthy place in which to live, work and play.

Our Mission . . .

Through leadership, collaboration and capacity-building:

- To strengthen community action and enhance personal skills that promote health and prevent illness and injury
- To create and sustain supportive environments for health improvement and healthy public policy development
- To support reorientation of health and other services to enable population health

2.2 Guiding Principles [2]

The OHP has adopted five principles that guide its thinking, planning and actions:

- Integration - requires multi-sectoral, multi-disease and multi-risk factor approaches using a variety of health promotion strategies, including policy development, leadership

[1] Ottawa Charter for Health Promotion, 1986

[2] Adapted from the Chronic Disease Prevention Strategy, 2003

development, building supportive environments, community action and capacity-building, skill-building, awareness and education, and knowledge development and translation.

- Partnership and Shared Responsibility - requires the collective efforts of all government departments, economic sectors, voluntary agencies and community groups working together toward shared goals.

- Best/Promising Practices - requires consideration of evidence-based approaches, which are grounded in sound scientific knowledge and successful experience.

- Capacity - focuses on valuing, developing and sustaining individual and community resources, skills, and strengths.

- Accountability - requires consistent and thoughtful monitoring, evaluating and reporting on strategies, programs, activities and outcomes.

3. Planning Context

The Premier announced the creation of the Office of Health Promotion (OHP) in December 2002 with the Honourable Rodney MacDonald as Minister. The Deputy Minister of Health serves as the Chief Executive Officer of the Office of Health Promotion and the Office has its own Assistant Deputy Minister and staff.

3.1 Organization of the Office of Health Promotion

The Office was formed by bringing together the former Sport and Recreation Commission with aspects of the Population Health branch of the Department of Health and currently comprises eight program areas:

- Addictions
- Communications
- Healthy Eating
- Injury Prevention
- Policy and Planning
- Public Health
- Sport and Recreation
- Tobacco Control.

Administrative support and liaison is provided by the following branches of the Department of Health:

- Legal Services
- Health Information Management
- Intergovernmental Affairs

- Financial Services
- Human Resources.

3.2 Planning Environment[1]

The State of Our Health in Nova Scotia
Nova Scotia has some of the poorest health statistics in the country, including the highest rate of deaths from cancer and respiratory disease and the second highest rate of circulatory deaths and diabetes.

Four types of chronic disease kill an estimated 5,800 Nova Scotians a year, account for nearly 75% of all deaths in the province, and are the major causes of premature death and hospitalization. The biggest killer is cardiovascular disease which claims 2,800 Nova Scotians each year and accounts for 36% of all deaths in the province. This is followed by cancer which kills an estimated 2,400 Nova Scotians each year accounting for 30% of all deaths in the province.

Other health statistics for Nova Scotians are no better:
- in 1998-99 almost 62% of Nova Scotians reported being diagnosed with a chronic disease, like cancer, diabetes, or heart disease and 35% had more than one chronic disease
- arthritis is a leading cause of disability and affects 173,000 Nova Scotians each year
- stroke affects 1,300 Nova Scotians each year and leaves at least half in need of ongoing care due to cognitive and physical impairment
- diabetes affects over 40,000 Nova Scotians
- youth account for about 10% of all new cases of type 2 diabetes, virtually unreported among youth under 15 years of age in the early 1990s
- 95% of all injuries are preventable
- injuries result in more than 6,000 hospitalizations and 350,000 emergency department visits each year in Nova Scotia
- injuries kill more people between the ages of one and 20 than all other causes of death combined
- injury is the leading cause of death during the first 45 years of life and the leading cause of potential years of life lost
- one in four Nova Scotians still smoke, higher than the national average
- over 1,600 Nova Scotians die each year from smoking-related illness and 200 more die from exposure to second-hand smoke
- over half of Nova Scotians have a body mass index (BMI) above a healthy range and Nova Scotia has the second highest obesity rate in the country
- obesity in children is growing at a higher rate than in adults with almost one in every five children in grade 3 being overweight

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[1] *Healthy Nova Scotia: Strategic Directions for the Office of Health Promotion 2004*

- over half of Nova Scotians report getting less than 15 minutes per day of moderate exercise. Children are less active as they get older with only one in ten grade 11 students in Nova Scotia being active enough to receive any health benefits.

Costs to the Nova Scotia Economy

The burden of illness and injury, together with an aging population, is increasing pressure on our health care system and costing the Nova Scotia economy billions of dollars each year. Chronic diseases cost the Nova Scotia economy a total of $3 billion each year–$1.24 billion in direct medical costs and $1.79 billion in lost productivity. Specifically:

- treatment of smoking-related illness costs $170 million a year and smoking costs the Nova Scotian economy $358 million annually in productivity losses due to premature death and absenteeism
- physical inactivity costs $107 million a year in direct medical costs
- the annual direct and indirect costs of injury in Nova Scotia is $570 million each year
- direct preventable costs associated with alcohol use are $112 million and indirect costs total $240 million.

A Coordinated Approach

The prerequisites and prospects of health cannot be ensured by the health sector alone. The evidence is clear that our health is determined by many factors: social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, health services, culture and gender. Taken together, these are the "determinants of health." They are influenced by many factors, circumstances and organizations. As a result, any strategy to influence these determinants for the better has to involve many people and organizations.

Health promotion, therefore, demands a coordinated action by all concerned including: governments, health and other social and economic sectors, non-governmental and voluntary organizations, local authorities, industry and the media; and people of all walks of life involved as individuals, families and communities. Nova Scotians can enjoy longer, healthier, and more productive lives, and many of the costs to our health care system and economy can be avoided, if the focus is on preventing illness and injury and individuals, organizations and communities take positive action to improve health. Aimed at the goal of a healthier population and recognizing the need for a coordinated approach to positively affect this goal, OHP will facilitate communication, cooperation and collaboration, and action among individuals, organizations, sectors and government departments on issues and strategies relating to health promotion and the prevention of injuries, addictions and chronic diseases.

4. Government Priorities and OHP Strategic Goals

Through its business plans and budget, the Government of Nova Scotia is setting a policy direction that provides leadership and support to the mandate, vision, mission, strategic priorities and core business areas of OHP.

4.1 Government's Priority Areas from *Your Health Matters: Working Together Toward Better Care, 2003*

In *Your Health Matters*, the Government of Nova Scotia committed to "helping people stay healthy" and to priority areas including:

- healthy babies, children and families
- changes in behaviour and thinking, beginning with children
- illness and injury prevention
- support for community sport and recreation
- addiction prevention and treatment.

4.2 Government's Priorities and Goals from *2003 Blueprint for Building a Better Nova Scotia*

The Office's strategies, initiatives, activities and policies all play a key role in the implementation of the priorities and goals of the Nova Scotia Government as identified in its *Blueprint for Building a Better Nova Scotia, 2003*. These include the five main priorities:

- building greater prosperity
- health care— better, faster, health care and healthier Nova Scotians
- learning is succeeding
- protecting what Nova Scotians value— seniors, families and Nova Scotians in need, environment, cultural diversity, consumer protection/insurance, and safer communities/streets
- fiscal responsibility and accountability;

and the three health goals:

- to provide financial stability to health care professionals and planners so they can implement long-term plans to improve patient care and access
- to ensure every Nova Scotian has access to the medical professionals they need
- to promote choices that lead to healthy lifestyles for Nova Scotians.

The government's emphasis on health promotion was shown in the Blueprint where many health promotion commitments were introduced, to name a few:

- doubling the budget for the Office of Health Promotion
- developing a provincial injury prevention strategy
- working with health partners to develop a chronic disease prevention plan
- continuing implementation of Nova Scotia's physical activity strategy for children and youth
- developing a comprehensive healthy eating strategy
- working with school boards to implement healthy eating policies
- increasing the number of teen health centres
- continuing to fund Nova Scotia's comprehensive tobacco strategy
- based on food security research develop recommendations to ensure healthy food choices.

> *"We understand that in order to improve our overall health status, individual Nova Scotians, young and old, need to be supported in their efforts to lead healthier lives. We also understand that government must lead the way through better information, increased emphasis on healthy life-style choices at home, in school, in the workplace and in our communities." Premier John Hamm, Blueprint for Building a Better Nova Scotia, 2003.*

4.3 Strategic Goals of the Office of Health Promotion

Through leadership, support, education and promotion, advocacy, research and policy:
- to create an environment in which individuals, communities, organizations and government sectors work together to improve health
- to reduce health disparities
- to improve overall health outcomes.

5. Core Business Areas

The Office of Health Promotion's core business areas aligns with its strategic priority areas identified in the Office's strategic plan, *Healthy Nova Scotia: Strategic Directions for the Office of Health Promotion, 2004* and include:
- Healthy Eating
- Healthy Sexuality
- Physical Activity
- Tobacco Control
- Injury Prevention
- Addictions
- Chronic Disease Prevention
- Communications and Social Marketing.

The Office of Health Promotion, with the Department of Health, is working toward various human resource issues including: a French language services plan, continued commitment to occupational health and safety, an affirmative action plan, a response to the employee survey and reaffirming the need for meaningful performance reviews.

5.1 Healthy Eating

Promote healthy eating and improved nutritional health through maintaining collaborations among partners, providing leadership in nutrition-related policy that support Nova Scotians and supporting best-practice evidence based initiatives, and undertaking research and evaluation in priority areas identified in OHP's Strategic Directions and the provincial healthy eating strategy.

5.2 Healthy Sexuality

Promote a coordinated population health approach to youth sexual health that meets the needs of Nova Scotian youth by working to develop and implement supports and resources that promote good sexual health and informed decisions around sexual behaviour across the life span, as well as across cultural, geographic, linguistic and other categories of diversity. These supports and resources are especially important in adolescence.

5.3 Physical Activity

Increase physical activity through the provision of leadership in policy development, extensive support to the local and provincial sport and recreation delivery system, and maintenance of extensive collaborations amongst partners. Services are delivered in the following strategic areas:

- active, healthy living
- sport development
- regional services and volunteer capacity-building.

5.4 Tobacco Control

Promote tobacco reduction through working in partnership with many groups in the continued implementation of the province's comprehensive tobacco control strategy and ongoing initiatives in the following key strategic areas:

- taxation
- legislation
- treatment/cessation programs
- community based programming
- youth smoking prevention
- media awareness
- monitoring and evaluation.

5.5 Injury Prevention

Provide leadership and ensure intersectoral collaboration in the ongoing development, implementation, monitoring and evaluation of the Nova Scotia Injury Prevention Strategy. Through this strategy and in collaboration with injury prevention stakeholders, the Office of

Health Promotion will continue to work with Nova Scotians toward the goal of an injury-free province. This goal will be advanced through the following strategic pillars of the Injury Prevention Strategy:

- strategies to address leading causes of injury (falls among seniors, transportation related injuries and suicide)
- injury surveillance, research and evaluation
- intersectoral collaboration and capacity-building
- behaviour change through social marketing.

5.6 Addictions

Promote providing a continuum of care and service spanning health promotion, addiction prevention, and intervention and treatment, with a focus on alcohol, other drugs, and problem gambling, and in collaboration with service delivery counterparts in the district health authorities (DHAs). Services are delivered through the following strategic areas:

- core service identification and program development and planning
- policy, service standards and best practices
- monitoring, tracking and auditing system performance
- provincial program development and research.

5.7 Chronic Disease Prevention

Promote chronic disease prevention by leading the province's coordinated and integrated multi-year initiatives focussed on chronic disease prevention with the participation of a broad range of stakeholder organizations through the following strategic areas:

- community health board (CHB) initiatives in conjunction with DHAs
- infrastructure development
- policy research, surveillance and evaluation.

5.8 Communications and Social Marketing

Persuade stakeholders, decision-makers and Nova Scotians to adopt health-promoting practices by overseeing the development of communications and social marketing plans that support the Office of Health Promotion's strategic areas (healthy eating, physical activity, healthy sexuality, tobacco control, injury prevention, addictions, and chronic disease prevention); inform individuals and decision-makers on behaviour-change best practices through the delivery of the following strategic areas:

- communications, public affairs and social marketing campaigns
- general communications support
- internal and stakeholder communications
- media relations.

6. Priorities for 2005-2006

6.1 Healthy Eating

Provide leadership and coordination in collaboration with key stakeholders to initiate implementation of the provincial healthy eating strategy. In 2005-2006, this will include developing an evaluation framework for the strategy and increasing the capacity of DHAs through human resources and grant funding to facilitate implementation of the strategy at the DHA level.

In 2005-2006, OHP will, with DOH, confirm and communicate the Provincial Breastfeeding and Baby-Friendly Initiative (BFI) Policy and related roles, expectations, and accountabilities to the DHAs and IWK Hospital. Related to this priority, OHP will facilitate the implementation of the provincial infant feeding/breastfeeding and care planning tools and increase the capacity of the DHAs and IWK Hospital, through funding for professional education and community-based programming, to implement other aspects of the provincial Infant Feeding/Nutrition and Growth Monitoring Postnatal Guidelines.

Under the leadership of Education, and in collaboration with Agriculture and Fisheries, the Province will, in 2005-2006, complete the provincial policy framework for food and nutrition in Nova Scotia schools and begin its implementation. OHP will also increase the capacity of school boards and DHAs, by hiring public health nutritionists and using best practice tools, to implement the provincial food and nutrition policy for Nova Scotia schools as part of the provincial healthy eating strategy.

By Summer 2005, through funding provided by OHP to the provincial food security projects, model options for sustained food costing in Nova Scotia will be available for consideration. The options will be analyzed, one selected, and a business case made for this option in order to proceed with budgeting and planning for the next fiscal year. OHP will also work with Community Services and Agriculture and Fisheries to assess current and new government policies' impact on food security.

6.2 Healthy Sexuality

In collaboration with a wide range of stakeholders, promote a coordinated population health approach to youth sexual health that meets the needs of all youth in all areas of Nova Scotia in the following areas: leadership and commitment, community awareness and support, sexual health education, youth involvement and participation, and sexual health related services for youth. In order to proceed with this initiative, funding must be available in 2005-2006 in order to hire a healthy sexuality coordinator.

6.3 Physical Activity

Active, Healthy Living
Create a plan to increase the percentage of all Nova Scotians, including seniors, who participate in enough physical activity to achieve health benefits by 10 percentage points by 2010. In 2005-2006, the development of this plan will involve incorporating the Active Kids, Healthy Kids Strategy with policy and strategic directions developed in consultation with key stakeholders focusing on physical environments and facilities, accessible and supportive social environments, public education, and research and knowledge exchange, and the development of a healthy living tax incentive.

Deliver on the third year of the Active Kids, Healthy Kids Strategy in 2005-2006 which will include the implementation of six regional action plans and eight active school community pilot projects, the development of initiatives in active transportation, physical activity counselling, parent education, early childhood development, and knowledge exchange with volunteers and professionals, and the completion of an evaluation of the strategy and development of recommendations for implementation.

Sport Development
Develop a Nova Scotia Sport Plan that represents stakeholders' shared vision and collaboration to achieve the goals of enhanced participation, excellence, capacity and interaction including setting targets and implementing the plan by the end of the fiscal year and undertaking a sport funding review including analysis and identification of recommendations by the end of the fiscal year.
Implement the new program, Sport Opportunities for Children and Youth in Nova Scotia, which was included in the bi-lateral agreement with the federal government to fund and facilitate working with partners to increase sport participation in communities.

Begin the multi-year planning process for the Nova Scotia hosting of the 2011 Canada Winter Games. In 2005-2006, this will include developing a process for all regions to have the opportunity to bid to host the Games and identifying infrastructural needs. This initiative will be supported by the development of an intergovernmental hosting policy.

Implement the new Competency Based National Coaching Certification Program initiative and undertake a review of the needs of community coaches.

Offer advice and expertise on facility construction, planning and design and fund the improvement, condition and sustainability of facilities.

The Tripartite Forum is a partnership amongst the Nova Scotia Mi'kmaq, and the governments of Nova Scotia and Canada developed to strengthen relationships and to resolve outstanding Mi'kmaw issues of concern. In 2005, the Tripartite Sport and Recreation working group will implement the following deliverables: increasing physical activity, sport, physical education and

recreation opportunities in schools, developing leadership and capacity-building, revitalizing and introducing indigenous sports, and promoting participation in Atlantic-wide sport competition.

Regional Services and Volunteer Capacity-Building
Continue to support municipalities and local sport and recreation organizations through the provision of core services and the capacity to respond to regional or local priorities, and continue to encourage and support collaboration among a wide range of community partners. OHP will also develop standards for core services in the areas of active healthy living and sport development and develop a multi-year strategy to address issues and challenges faced by sport and recreation volunteers.

6.4 Tobacco Control

Research options to enhance protection from second-hand tobacco smoke in workplaces and indoor public places.

Support community organizations in their implementation of tobacco-free youth sport initiatives in 2005-2006 through funding, and resource development and its dissemination.

Support First Nations communities in developing effective tobacco reduction programs through 2005-2006 funding of partnership initiatives.

Enhance funding in 2005-2006 for nicotine treatment services to encourage smoking cessation and improve cessation success rates.

Conduct an evaluation of year 3 and 4 (2004-06) of the provincial tobacco control strategy which will include stakeholder consultations to revisit the provincial strategy and generation of recommendations for future strategy elements.

6.5 Injury Prevention

Identify existing injury prevention programs and initiatives, and identify and stimulate opportunities for collaboration.

Seniors' falls, transportation related injuries and suicides have been identified by the Injury Prevention Strategy as three target injury areas. These three areas are recognized as the leading causes of injury-related hospitalizations and deaths and account for the greatest proportion of the economic burden of injury. For these reasons, OHP has identified the following three related business plan priorities:

Seniors' Falls Prevention
Related to seniors' falls prevention, OHP will, in 2005-2006, complete development and provide leadership for the implementation of a provincial seniors' falls prevention strategy; continue the

partnership with Community Links to deliver and monitor the Preventing Falls Together (PFT) initiative; and work with the Provincial Intersectoral Falls Prevention Committee to identify solutions and remove barriers to falls prevention.

Transportation Related Injuries
Concerning transportation related injuries, OHP will, in 2005-2006, identify areas where the Office can increase collaboration, awareness, or influence public policy; support the work of and collaborate with the Road Safety Advisory Committee(RSAC); provide input related to off-highway vehicle safety issues; and partner with Emergency Health Services (EHS) in providing leadership to the implementation of the provincial PARTY Program (Prevention of Alcohol & Risk Related Trauma in Youth Program).

Suicide Prevention
Related to suicide prevention, OHP will, in 2005-2006, collaborate with Mental Health Services of the Department of Health and other suicide prevention stakeholders; and establish a provincial suicide prevention initiative that includes regional suicide prevention coalitions, best practice dissemination, and local community capacity development.

Implement the Nova Scotia Injury Surveillance Strategy which identifies the Nova Scotia Injury Surveillance System as the foundation for injury prevention and control. In 2005-2006, this will involve establishing a governance model for the Nova Scotia Injury Surveillance System; identifying options and determining solutions for linking existing data systems; implementing privacy impact assessments for injury surveillance data sets; developing data access and sharing agreements; establishing architecture for existing systems; identifying common variables; establishing a minimal common dataset; performing details gap analysis of existing systems; developing public inventory of existing datasets and establishing tools that will ensure that existing data is more widely shared and utilized to influence policy and programming decisions.

Begin implementation of the Nova Scotia Injury Prevention Strategy Evaluation Framework including reporting on the evaluation framework to stakeholders and identifying and developing action plans to implement initiatives identified in the framework.

Support and provide opportunities that will develop injury prevention knowledge and capacity at the community level. Specific to 2005-2006 this will involve co-hosting the Canadian Injury Prevention & Safety Promotion Conference in November 2005 and ongoing provision of the Canadian Injury Prevention & Control Curriculum.

Working with road safety stakeholders, develop and implement a targeted social marketing strategy to change unsafe attitudes and behaviours of road users.

6.6 Addictions

Coordinate the development of a province-wide problem drinking strategy, which embodies a population health approach and addresses issues across the life span. In 2005-2006, this will include stakeholder consultations, a research and best practices review, service standards development, evaluation framework development and DHA implementation.

Provide leadership, in partnership with the Department of Education, in the implementation of a supplement for the Personal Development and Relationship Curriculum focused on addiction education. In 2005-2006, this will include an information gap analysis, development and implementation of a plan to coordinate and disseminate up-to-date addictions information, teacher in-services, communications for school board awareness, a communications plan roll-out and an evaluation of the implementation of the supplement.

Lead the development and implementation of the problem gambling strategy addressing key elements within the full continuum of health promotion, prevention, early intervention, and treatment. In 2005-2006, this will include standards implementation, gap and impact analysis, public awareness and education material development, and monitoring and tracking of gambling issues for special populations.

6.7 Chronic Disease Prevention

In conjunction with DHAs, fund community health boards for local initiatives aimed at preventing chronic disease. Targeted areas will include healthy eating, tobacco reduction, physical activity and community capacity-building.

6.8 Communications and Social Marketing

Develop and implement a social marketing plan that identifies OHP's priority audiences in terms of their readiness to change; determine the best strategies to make these changes, as well as the media, marketing and communications tactics to deliver and implement these strategies.

Evaluate the current OHP website to determine improvements that will make this website one that effectively delivers behaviour change and public affairs information to Nova Scotians; implement these improvements.

Broaden and improve stakeholder communications through the introduction of a variety of communications approaches including improvement to and continuation of a stakeholder electronic newsletter, offering a forum to present health promotion projects to stakeholders for feedback, and making improvements to the OHP website for more effective stakeholder use.

7. Office of Health Promotion - Budget Context

Business Plan Elements	2004-2005 Estimate	2004-2005 Forecast	2005-2006 Estimate
Office of Health Promotion	19,582.2	21,581.7	28,001.2
Recoveries	(1,082.2)	(1,081.7)	(4,082.2)
Total	**18,500.0**	**20,500.0**	**23,919.0**
Funded Staff (FTEs)	60.2	53.6	72.1
Less: Staff Funded by External Agencies	-2.0	-2.0	-2.0
Total	**58.2**	**51.6**	**70.1**

8. Performance Measures 2005-2006 Business Plan

Core Business Area: Healthy Eating				
OUTCOME	**MEASURE**	**DATA**	**TARGET**	**STRATEGIES to Achieve Target**
The work of the OHP (and partners) focused on healthy eating will contribute to the health and well-being of Nova Scotians as measured by:	Fruit/vegetable consumption: percentage of NS population (12 yrs +) who report eating recommended 5-10 servings of fruit/ vegetables per day	Baseline 2000: 29% Source: CCHS[1]	As of 2009-2010 meet or be above national average	Provide leadership and coordination in collaboration with key stakeholders to initiate implementation of the provincial healthy eating strategy Increase the capacity of DHAs to facilitate strategy implementation
	Breast-feeding initiation rate: percentage of women breast-feeding at hospital discharge	Baseline 2003: 76.4% Source: CCHS	As of 2009-2010 be at national rate national rate 2003: 84.5% Source: CCHS	Implement provincial infant feeding/breast-feeding and care planning tools Increase the capacity of DHAs and IWK Hospital
	Breast-feeding duration rate: percentage of infants breast-feeding for at least 6 months	Baseline 2003: 30.8% Source: CCHS	As of 2009-2010 be at national rate national rate 2003: 38.7% Source: CCHS	

[1] Canadian Community Health Survey

Core Business Area: **Healthy Sexuality**				
OUTCOME	**MEASURE**	**DATA**	**TARGET**	**STRATEGIES to Achieve Target**
The work of the OHP (and partners) focused on healthy sexuality will contribute to the health and well-being of Nova Scotians as measured by:	Teen pregnancy in females aged 15-19	Baseline 2001-2002: 28.49 per 1000 of population aged 15-19 2002-2003: 27.19 per 1000 of population aged 15-19 Source: CIHI[1]	As of 2009-2010 be at or below national average Source: CIHI	In collaboration with a wide range of stakeholders, promote a coordinated population health approach to youth sexual health that meets the needs of all youth in all areas of Nova Scotia in the following areas: leadership and commitment, community awareness and support, sexual health education, youth involvement and participation, and sexual health related services for youth. Hire a healthy sexuality coordinator.
	Condom use among youth[2]	Baseline 2002: Gr. 7 (64%) Gr. 12 (54%) Source: NS Drug Use Survey	As of 2009-2010 be at or above Atlantic average Source: NS Drug Use Survey	
	Rate of Chlamydia	Baseline 1999: 146 per 100,000 CCDR[3] Notifiable Diseases Annual Summary	As of 2009-2010 be at or below national average Source: CCDR	

[1]Canadian Institute of Health Information

[2]Of those youth in grade 7 and grade 12 who had sexual intercourse, the percentage that used a condom at the time of their last intercourse; Of those grade 12 students who had sexual intercourse, the percentage that used a condom at the time of their last intercourse

[3]Canada Communicable Disease Report

Core Business Area: Physical Activity				
OUTCOME	**MEASURE**	**DATA**	**TARGET**	**STRATEGIES to Achieve Target**
The work of the OHP (and partners) focused on physical activity, sport and recreation will contribute to the health and well-being of Nova Scotians as measured by: **NOTE:** ***Strategies identified in 4th column support the achievement of targets for both measures: leisure-time physical activity of adult population and physical activity of children and youth and include all of the strategies in all three areas: active, healthy living, sport development and regional services and volunteer capacity-building***	Leisure-time physical activity of the adult population: Population 20 yrs + who report being "regularly" or "moderately" physically active (i.e. physical activity equivalent to 30 minutes of walking daily)[1]	Baseline 2000-2001: 42% Source: CCHS	As of 2009-2010: 52% Source: CCHS	*Active Healthy Living* Develop a provincial active healthy living plan for Nova Scotia Develop and implement action plan on early childhood and physical activity Develop policy and initiatives to increase walking and bicycling Develop healthy living tax incentive Train high school youth as fitness instructors for younger children Leadership training and knowledge exchange with volunteers and professionals Evaluate and implement changes to the Active Kids,Healthy Kids Strategy Replicate the 2001 study to measure activity levels of children and youth *Sport Development* Develop a Nova Scotia Sport Plan Conduct a sport funding review Begin new bi-lateral agreement to increase participation in sport, recreation and physical activity

[1]Regular physical activity is defined in the CCHS as having a daily average energy expenditure of 3.0+ kilocalories per kilogram of body weight. Moderate physical activity is defined as expending an average of between 1.5 and 2.9 kilocalories per kilogram of weight per day.

Core Business Area: Physical Activity				
OUTCOME	**MEASURE**	**DATA**	**TARGET**	**STRATEGIES to Achieve Target**
Continued The work of the OHP (and partners) focused on physical activity, sport and recreation will contribute to the health and well-being of Nova Scotians as measured by: **NOTE:** ***Strategies identified in 4th column support the achievement of targets for both measures: leisure-time physical activity of adult population and physical activity of children and youth and include all of the strategies in all three areas: active, healthy living, sport development and regional services and volunteer capacity-building***	Physical activity of children & youth: Percentage of grade 3, 7, and 11 students who accumulate at least 60 minutes of moderate to vigorous activity on at least 5 days of the week	Baseline 2001: Gr 3 males: 90% Gr 3 females: 92% Gr 7 males: 62% Gr 7 females: 44% Gr 11 males: 12% Gr 11 females: 7% Source: NS Accelerometer Population Study	As of 2009-2010 maintain baseline for Gr 3s increase physical activity levels for Grs 7 and 11 by 10% Target: Gr 3 Males: 90% Gr 3 Females: 92% Gr 7 males: 72% Gr 7 females: 54% Gr 11 males: 22% Gr 11 females 17% Source: NS Accelerometer Population study	*Continued* Complete bid process for 2011 Canada Winter Games Implement Competency Based National Coaching Certification Program Conduct review of community coaching and develop community coach program Complete and implement intergovernmental major hosting policy Implement deliverables in the Tripartite Sport and Recreation Operational Plan *Regional Services and Volunteer Capacity-Building* Provide advisory, consulting and educational services to local government and voluntary agencies Administer grant programs for community organizations Develop standards for regional offices in areas of active healthy living and sport development Develop multi-year strategy to support volunteers in sport and recreation

Core Business Area: Tobacco Control				
OUTCOME	**MEASURE**	**DATA**	**TARGET**	**STRATEGIES to Achieve Target**
The work of the OHP (and partners) focused on tobacco will contribute to the health and well-being of Nova Scotians as measured by:	Smoking rates: Population 15 yrs + who smoke	Baseline 2000: 30% Source: CTUMS[1]	As of 2009-2010 be at or below national rate national rate in 2000: 24% Source: CTUMS	Continue implementation of the province's comprehensive tobacco control strategy including: • enhancing nicotine treatment services • funding First Nations communities in developing tobacco reduction programs • evaluating year 3 and 4 initiatives
	Exposure to environmental tobacco smoke: Percentage of children aged 0-17 regularly exposed to environmental tobacco smoke	Baseline 2000: 30% Source: CTUMS	As of 2009-2010 be at or below national rate national rate in 2000: 27% Source: CTUMS	Continue enforcement of the *Smoke-Free Places Act* Research options to enhance protection from second-hand tobacco smoke in workplaces and indoor public places
	Youth Smoking rate: Percentage of youth (15-19) who smoke	Baseline 2000: 25% Source: CTUMS	As of 2009-2010 be at or below national rate national rate in 2000: 25% Source: CTUMS	Continue enforcement of *Tobacco Access Act* Continue support of school-based tobacco reduction programs Support community organizations in their implementation of tobacco-free youth sport initiatives

[1]Canadian Tobacco use Monitoring Survey

Core Business Area: Injury Prevention				
OUTCOME	**MEASURE**	**DATA**	**TARGET**	**STRATEGIES to Achieve Target**
The work of the OHP (and partners) focused on injury prevention will contribute to the health and well-being of Nova Scotians as measured by[1]:	Rate of injury-related deaths due to falls among seniors (age 65 and over)	Baseline 2002-2003: 58.44 fall-related deaths per 100,000 persons Source: Vital Stats	By 2009-2010 20% reduction in fall-related deaths	Identify and support existing injury prevention programs and initiatives Address priority issues of falls among seniors, suicide, and transportation-related injuries Implement the Nova Scotia Injury Surveillance Strategy Generate greater awareness of injuries and how to prevent them, and create societal changes in attitudes towards risk-taking through: • public reporting of statistics to community groups • dissemination of data to stakeholders • stakeholder forums
	Rate of injury-related hospitali-zations due to falls among seniors (age 65 and over)	Baseline 2002-2003:1689.33 fall-related hospitalizations per 100,000 persons Source: CIHI	By 2009-2010 20% reduction in fall-related hospitalization	
	Rate of completed suicides	Baseline 2002-2003: 9.92 completed suicides per 100,000 persons Source: Age Standardized Vital Stats	By 2009-2010 20% reduction in suicide-related deaths	
	Rate of suicide-related hospitali-zations	Baseline 2002-2003: 88.91 suicide-related hospitalizations per 100,000 persons Source: CIHI	By 2009-2010 20% reduction in suicide-related hospitalizations	

[1] The strategies identified in the fourth column are supporting the achievement of the targets for measures related to seniors' falls, transportation and suicide

Core Business Area: Injury Prevention				
OUTCOME	**MEASURE**	**DATA**	**TARGET**	**STRATEGIES to Achieve Target**
Continued The work of the OHP (and partners) focused on injury prevention will contribute to the health and well-being of Nova Scotians as measured by:	Rate of transportation/ motor vehicle injury-related deaths	Baseline 2002-2003: 10.69 transportation/ motor vehicle-related deaths per 100,000 persons Source: Vital Stats	By 2009-2010 30% reduction in transportation/motor vehicle-related deaths	*Same as above*
	Rate of transportation/ motor vehicle injury-related hospitalizations	Baseline 2002-2003: 90.71 transportation/ motor vehicle-related deaths per 100,000 persons Source: CIHI	By 2009-2010 30% reduction in transportation/ motor vehicle hospitalizations	

Core Business Area: Addictions				
OUTCOME	**MEASURE**	**DATA**	**TARGET**	**STRATEGIES to Achieve Target**
The work of the OHP (and partners) focused on addictions will contribute to the health and well-being of Nova Scotians as measured by:	Rates of problem drinking: Percentage of the Nova Scotia population considered problem drinkers	Baseline 2004: 15.8% Source: 2004 Canadian Addiction Survey[1]	As of 2009-2010 be at or below national average national average for 2004 is 13.6% Source: 2004 Canadian Addiction Survey	Coordinate the development of a province-wide problem drinking strategy Develop, implement and evaluate a curriculum supplement for use with grades 7-9 that focuses on addictions education and prevention
	Rates of problem gambling: Percentage of the Nova Scotia population considered problem gamblers	Baseline 2003: 2.1% Source: 2003 NS Gambling Prevalence Study[2]	As of 2009-2010 be at or below national average national average for 2002 is 2.0% Source: CCHS	Lead the development of the problem gambling strategy Implement the problem gambling strategy including: • service standards • program planning and coordination • enhancement of awareness of the risks and consequences of problem gambling

[1]The baseline data source has been changed from the CCHS to the 2004 Canadian Addiction Survey to reflect this more accurate measure.

[2]The baseline data source has been changed from the CCHS to the 2003 Nova Scotia Gambling Prevalence Study to reflect this more accurate measure.

Core Business Area: Chronic Disease Prevention				
OUTCOME	**MEASURE**	**DATA**	**TARGET**	**STRATEGIES to Achieve Target**
The work of the OHP (and partners) focused on chronic disease prevention will contribute to the health and well-being of Nova Scotians as measured by:	The performance measures for the core business areas of tobacco control, healthy eating, and physical activity apply to the core business area of chronic disease prevention.			
Core Business Area: Communications and Social Marketing				
OUTCOME	**MEASURE**	**DATA**	**TARGET**	**STRATEGIES to Achieve Target**
The work of the OHP (and partners) focused on communications and social marketing will contribute to the health and well-being of Nova Scotians as measured by:	Success of social marketing plan	Baseline TBD for development and implementation of plan Baseline TBD for evaluation of changes to behaviour	As of 2009-2010 TBD	Undertake baseline research Develop strategy to implement social marketing plan Evaluate results of social marketing plan regarding changes from unhealthy to healthy behaviours Hire a social marketing coordinator
	Satisfaction with OHP website per number of hits and client survey	Baseline TBD number of hits in 2005-2006 Baseline TBD client survey	As of 2009-2010 increase number of hits by 20% Increase overall satisfaction by 20%	Evaluate and modify website Analyse client survey results and implement recommendations to modify website accordingly